

# ATTLEBORO ANIMAL SHELTER

## Feline Adoption Application

Please print & return to:

### Friends of the Attleboro Animal Shelter

Pond Street | PO Box 592  
Attleboro, MA 02703  
Phone: 508.761.5617  
Email: [AttleboroPets@hotmail.com](mailto:AttleboroPets@hotmail.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

License # (required): \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

I wish to adopt: \_\_\_\_\_

Cat name: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Cage #: \_\_\_\_\_

Do you plan to let your new cat outside?  Yes  No

Do you plan to declaw your new cat?  Yes  No

Have you ever had a pet hit by a car?  Yes  No

My residence is:  House |  Apartment |  Mobile Home |  Condo |  Other

Do you:  Own |  Rent |  Live w/ Parents |  Live w/ Friends |  Other

How long have you lived there? \_\_\_\_\_

If you rent, do you have your landlord's permission to have an animal?  Yes  No

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Before application is considered for approval, your landlord will be contacted for permission)*

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How many children in your family? \_\_\_\_\_ Ages: \_\_\_\_\_

Have they ever been around pets if you have not owned one?  Yes  No

Are any members of your family allergic to animals?  Yes  No

Who will be responsible for the animal? \_\_\_\_\_

How many hours will the animal be alone during the day? \_\_\_\_\_

**Do you currently own any other pets?**  Yes  No

If yes, please specify:  Dog  Cat  Bird  Ferret  Other

Breed(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_ Altered:  Yes  No

**Are they current on shots, rabies vaccinations and licensed?**  Yes  No  Don't Know

**Name of your veterinarian:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever owned another pet?  Yes  No How long ago? \_\_\_\_\_

If within the past year, please list your veterinarian contact information. \_\_\_\_\_

Reason for adopting a cat:  Family Pet  for Children  Gift  Other

If you ever had to move, what would you do with the cat? \_\_\_\_\_

Have you ever had to give up ownership of a pet?  Yes  No

If yes, what were the circumstances and how long ago? \_\_\_\_\_

Where did you hear about Friends of the Attleboro Animal Shelter? \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Adoption approved by: \_\_\_\_\_ Receipt # \_\_\_\_\_



The **Friends of Attleboro Animal Shelter** (FAAS) is a tax-exempt, all volunteer organization dedicated to providing financial and volunteer support to the Attleboro Animal Shelter for the care and well-being of the hundreds of unwanted, stray and needy cats and dogs that annually pass through the shelter. On a daily basis, our volunteers provide these homeless cats and dogs with nourishment, medical treatment, affection, and most of all, help in finding a loving new home.

For more information, visit [www.petfinder.com/shelters/attleboropets.html](http://www.petfinder.com/shelters/attleboropets.html) or contact us at 508.761.5617 or [AttleboroPets@hotmail.com](mailto:AttleboroPets@hotmail.com).

# ATTLEBORO ANIMAL SHELTER

## Feline Adoption Agreement

A contract between the City of Attleboro and \_\_\_\_\_.

**Bounced check policy:** If the check that paid the adoption fee bounces, I/we understand that this agreement of adoption is null and void and I/we will allow the Friends of Attleboro Animal Shelter to repossess the cat.

***Please initial each clause individually, and sign and date the bottom of the form.***

The following conditions apply to the ownership of cats and kittens adopted from the Attleboro Animal Shelter:

- \_\_\_\_\_ 1) Cats over six (6) months of age will be spayed/neutered.
- \_\_\_\_\_ 2) Cats will be fed, hydrated, sheltered and supervised appropriately.
- \_\_\_\_\_ 3) Cats will not be subject to extreme punishing methods or other inhumane acts (includes declawing and related procedures).
- \_\_\_\_\_ 4) Cats will be provided with routine and emergency veterinary care. This includes vaccinations and any necessary prescription medications.
- \_\_\_\_\_ 5) If it is necessary to relinquish ownership, cat will be surrendered to FAAS.

I/we, the undersigned, hereby specifically and forever release, discharge and hold harmless the City of Attleboro, its agents, and any other person, firm or corporation charged or chargeable with liability, their heirs, administrators, executors, successors and assigns, from any and all claims, damages, costs, expenses, loss of service, actions and causes of action in relation to adoption of the cat.

I/we understand that refusal to comply with this agreement after having adopted a cat from the City of Attleboro or Friends of Attleboro Animal Shelter will allow the City of Attleboro to repossess the cat.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone with Area Code: \_\_\_\_\_

Email Address: \_\_\_\_\_